## DEPARTMENT OF CORRECTIONS REQUEST FOR DISBURSEMENT

PAYEE:

		NAME		
		STREET ADDRESS		
		STREET ADDRESS	\$ .	
		CITY, STATE & ZIP	AMOUNT	
FOR:				
MATE Requestor:				
		SIGNATURE	ODOC NUMBER	
Fa	cility		Housing Unit	
	ADDDOVED DV.			
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If \$500 or more  If inmate to nmate  If check is to be returned to the facility	Facility head, assistant facility head, COS, or BM Signature  Facility head Signature  Print Department, Position, or experience.	I certify that I have met with the inme this disbursement would not cause.  I certify that I have met with the the inmate is choosing to sendy.  T Name check is to be returned to ure	eate to verify that they are the person a violation of policy or law.  Inmate in person and verified that the funds of their own will.	

Disbursements that result in a check being mailed out will result in a \$0.60 charge to reimburse the agency for the postage, check, and envelope. If the check is court ordered or to a governmental agency, there will not be a charge.

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